

ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Antihistamines**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|--|------------------------|---|-----------------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| First Generation Antihistamine Agents | none | | AccuHist* |
| | | | Aldex AN |
| | | | Aldex-CT |
| | | | Aldex D |
| | | phenylephrine and chlorpheniramine | Alersule* |
| | | | Bromax |
| | | phenylephrine and brompheniramine | Bromfed* |
| | | phenylephrine and brompheniramine | Bromfed-PD* |
| | | | Brovex ADT |
| | | | Brovex PD |
| | | | Brovex PSE |
| | | phenylephrine and chlorpheniramine | Dallergy* |
| | | | Dallergy JR |
| | | | Deconsal CT |
| | | | Duratuss DA |
| | | pseudoephedrine and chlorpheniramine | Histex* |
| | | | Histex SR |
| | | pseudoephedrine and brompheniramine | J-Tan D PD* |
| | | brompheniramine | J-Tan PD* |
| | | pseudoephedrine and brompheniramine | Lodrane* |
| | | | Lodrane 24 |
| | | | Lodrane 24D |
| | | | Lodrane D |
| | | chlorpheniramine | Myci Chlor-Tan* |
| | | phenylephrine, phenyltoloxamine, and chlorpheniramine | Nalex-A* |
| | | phenylephrine and chlorpheniramine | Nasohist* |
| | | carbinoxamine | Palgic* |
| | | pseudoephedrine and triprolidine | Pediatex TD* |
| | | | Phena-Plus |
| | | phenylephrine, pyrilamine, and chlorpheniramine | Phena-S* |
| | | | Phena-S 12 |
| | | phenylephrine, pyrilamine, and chlorpheniramine | Poly Hist PD* |
| | | phenylephrine and chlorpheniramine | Rescon-Jr* |
| | | | Rescon-MX SR |
| | | phenylephrine and brompheniramine | Respahist-II* |
| | | | Ryna-12 |
| | | | Ryna-12 S |
| | | phenylephrine and chlorpheniramine | Rynatan* |
| | | phenylephrine and chlorpheniramine | Rynatan Pediatric* |
| | | | Rynesa 12S |
| | Sudal-12 | | |
| | Tekral | | |
| | Tripohist* | | |
| | Tripohist D | | |
| | Tussanil | | |
| phenylephrine and brompheniramine | Vazobid* | | |
| brompheniramine | VaZol* | | |
| | Vazotab | | |
| | Viravan-P | | |
| phenylephrine and brompheniramine | Zotex-PE* | | |
| brompheniramine and diphenhydramine | | | |
| brompheniramine, diphenhydramine, and phenylephrine | | | |

First Generation Antihistamines continued on next page

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|--|---|---|----------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| First Generation Antihistamine Agents (continued) | <i>First Generation Antihistamines continued from previous page</i> | | |
| | none | dexchlorpheniramine | |
| | | diphenhydramine | |
| | | phenylephrine and diphenhydramine | |
| | | phenylephrine, pyrilamine, and dexbrompheniramine | |
| | | pseudoephedrine and dexbrompheniramine pyrilamine and dexbrompheniramine | |

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Anti-infective Agents**

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|------------------------|------------------------|---------------------------------|-----------------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Adamantanes | none | rimantadine | Flumadine* |
| | | amantadine | |
| Amebicides | none | paromomycin | none |
| Aminoglycosides | none | | TOBI |
| | | amikacin | |
| | | gentamicin | |
| | | kanamycin | |
| | | neomycin | |
| | | streptomycin | |
| Anthelmintics | none | | Albenza |
| | | | Biltricide |
| | | | Stromectol |
| | | mebendazole | |
| Antifungals | Gris-Peg | | |
| | | | Abelcet |
| | | | Ambisome |
| | | | Amphotec |
| | | | Ancobon |
| | | | Cancidas |
| | | fluconazole | Diflucan* |
| | | | Eraxis |
| | | griseofulvin microsize | Grifulvin V* |
| | | terbinafine | Lamisil* |
| | | | Mycamine |
| | | nystatin | Mycostatin* |
| | | | Noxafil |
| | | itraconazole | Sporanox* |
| | Vfend | | |
| Antimalarials | Daraprim | | |
| | | chloroquine | Aralen Phosphate* |
| | | | Coartem |
| | | | Fansidar |
| | | mefloquine | Lariam* |
| | | | Malarone |
| | | hydroxychloroquine | Plaquenil* |
| | | | Qualaquin |
| | primaquine | | |

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|--------------------------------|---|-----------------------------|-------------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Antituberculosis Agents | none | | Capastat Sulfate |
| | | ethambutol | Myambutol* |
| | | | Mycobutin |
| | | | Paser |
| | | | Priftin |
| | | rifampin | Rifadin* |
| | | rifampin and isoniazid | Rifamate* |
| | | | Rifater |
| | | cycloserine | Seromycin* |
| | | | Trecator |
| Cephalosporins | none | | Cedax |
| | | cefuroxime | Ceftin* |
| | | cefotaxime | Claforan* |
| | | ceftazidime | Fortaz* |
| | | cephalexin | Keflex* |
| | | cefepime | Maxipime* |
| | | cefdinir | Omnicef* |
| | | | Raniclor |
| | | ceftriaxone | Rocephin* |
| | | cefditoren | Spectracef* |
| | | | Suprax |
| | | ceftazidime | Tazicef* |
| | | cefpodoxime | Vantin* |
| | | cefuroxime | Zinacef * |
| | | cefaclor | |
| | | cefadroxil | |
| cefazolin | | | |
| cefprozil | | | |
| Chloramphenicol | none | chloramphenicol | none |
| Interferons | Infergen | none | |
| | Pegasys | | |
| | | | Alferon N |
| | | | Intron A |
| | | PegIntron | |
| Macrolides | none | clarithromycin | Biaxin* |
| | | clarithromycin ER | Biaxin XL* |
| | | erythromycin ethylsuccinate | E.E.S.* |
| | | | EryPed |
| | | | Erythrocin Lactobionate |
| | | | Erythrocin Stearate |
| | | | Ketek |
| | | | PCE |
| | | azithromycin | Zithromax* |
| | | | Zmax |
| | erythromycin base | | |
| | erythromycin ethylsuccinate and sulfisoxazole | | |

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| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic or OTC | PA REQUIRED for NAME Non-Preferred Brand |
|--|---------------------------------------|--|---|
| Miscellaneous Antibacterials | Cleocin* | clindamycin | |
| | | bacitracin | Baciim* |
| | | colistimethate | Coly-Mycin M* |
| | | | Cubicin |
| | | | Helidac |
| | | | Lincocin |
| | | | Pylera |
| | | | Synercid |
| | | vancomycin | Vancocin* |
| | | | Vibativ** |
| | | | Xifaxan |
| | | Zyvox | |
| | | polymyxin B sulfate | |
| Miscellaneous Antimycobacterials | none | dapsone | none |
| Miscellaneous Antiprotozoals | none | | Alinia |
| | | metronidazole | Flagyl* |
| | | | Flagyl ER |
| | | | Mepron |
| | | | Nebupent |
| | | pentamidine | Pentam 300* |
| | tinidazole | Tindamax* | |
| Miscellaneous Antivirals | none | foscarnet | Foscavir* |
| Miscellaneous B-Lactams | none | | Azactam |
| | | | Cayston** |
| | | | Doribax |
| | | | Invanz |
| | | cefoxitin | Mefoxin* |
| | | | Merrem |
| | | | Primaxin |
| | cefotetan | | |
| Neuraminidase Inhibitors | Relenza [†] | none | |
| [†] The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. | Tamiflu [†] | | |
| Nucleosides and Nucleotides | none | | Baraclude |
| | | ribavirin | Copegus* |
| | | ganciclovir | Cytovene* |
| | | famciclovir | Famvir* |
| | | | Hepsera |
| | | ribavirin | Rebetol* |
| | | | Tyzeka |
| | | | Valcyte |
| | | valacyclovir | Valtrex* |
| | | | Virazole |
| | | | Vistide |
| | acyclovir | Zovirax* | |

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| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic or OTC | PA REQUIRED for NAME Non-Preferred Brand |
|----------------------|---------------------------------------|--|---|
| Penicillins | Amoxil* | amoxicillin | |
| | | amoxicillin and clavulanate | Augmentin* |
| | | amoxicillin and clavulanate | Augmentin ES* |
| | | amoxicillin and clavulanate | Augmentin XR* |
| | | | Bicillin C-R |
| | | | Bicillin L-A |
| | | | Moxatag |
| | | nafcillin | Nallpen* |
| | | penicillin G | Pfizerpen* |
| | | | Ticar |
| | | | Timentin |
| | | ampicillin and sulbactam | Unasyn* |
| | | piperacillin and tazobactam | Zosyn* |
| | | ampicillin | |
| | | dicloxacillin | |
| | oxacillin | | |
| | penicillin V | | |
| | piperacillin | | |
| Quinolones | none | | Avelox |
| | | ciprofloxacin | Cipro* |
| | | ciprofloxacin ER | Cipro XR* |
| | | | Factive |
| | | ofloxacin | Floxin* |
| | | | Levaquin |
| | | | Noroxin |
| | ProQuin XR | | |
| Sulfonamides | none | sulfasalazine | Azulfidine* |
| | | sulfamethoxazole and trimethoprim | Bactrim* |
| | | sulfamethoxazole and trimethoprim | Bactrim DS* |
| | | | Gantrisin |
| | | sulfamethoxazole and trimethoprim sulfamethoxazole and trimethoprim sulfadiazine | Septra* Septra DS* |
| Tetracyclines | none | doxycycline | Adoxa* |
| | | | Doryx |
| | | minocycline | Dynacin* |
| | | minocycline | Minocin* |
| | | minocycline | Myrac* |
| | | | Terramycin |
| | | | Tygacil |
| | | doxycycline | Vibramycin* |
| | | doxycycline | Vibra-tabs* |
| | | demeclocycline | |
| tetracycline | | | |

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|--------------------------------|------------------------|---|-----------------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Urinary Anti-infectives | none | | Furadantin |
| | | methenamine | Hiprex* |
| | | nitrofurantoin and nitrofurantoin macrocrystals | Macrobid* |
| | | nitrofurantoin macrocrystals | Macrodantin* |
| | | | Monurol |
| | | | Primsol |
| | | methenamine, methylene blue, benzoic acid, phenyl salicylate, hyoscyamine | Prosed/DS* |
| | | methenamine, methylene blue, phenyl salicylate, sodium phosphate, hyoscyamine | Urelle* |
| | | methenamine | Urex* |
| | | | Urimar-T |
| | | | Urin D.S. |
| | | methenamine and sodium phosphate | Uroqid-Acid No. 2* |
| | | methenamine, methylene blue, phenyl salicylate, sodium phosphate, hyoscyamine | Uta* |
| | | methenamine and sodium phosphate | Utac* |
| | | methenamine, methylene blue, phenyl salicylate, sodium phosphate, hyoscyamine | Utira C* |
| trimethoprim | | | |

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Behavioral Health**

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| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic | PA REQUIRED for NAME Non-Preferred Brand |
|---------------------------|---|---|---|
| Alzheimer's Agents | Aricept | | |
| | Aricept ODT | | |
| | | rivastigmine | Cognex Exelon* |
| | | galantamine | Namenda Razadyne* |
| | | galantamine | Razadyne ER* |
| Antidepressants | Lexapro | | |
| | Luvox CR | | |
| | | clomipramine | Anafranil* Aplenzin |
| | | citalopram | Celexa* Cymbalta |
| | | venlafaxine | Effexor* |
| | | venlafaxine | Effexor XR * |
| | | | Emsam |
| | | amitriptyline and chlordiazepoxide | Limbitrol* |
| | | | Marplan |
| | | | Nardil |
| | | desipramine | Norpramin* |
| | | | Oleptro ER |
| | | nortriptyline | Pamelor* |
| | | tranylcypromine | Parnate* |
| | | paroxetine | Paxil* |
| | | paroxetine | Paxil CR* |
| | | | Pexeva |
| | | | Pristiq |
| | | fluoxetine | Prozac* |
| | | fluoxetine | Prozac Weekly* |
| | | mirtazapine | Remeron* |
| | | fluoxetine | Sarafem* |
| | | fluoxetine | Selfemra* |
| | | trimipramine | Surmontil* |
| | | | Symbyax |
| | | imipramine | Tofranil* |
| | | imipramine | Tofranil-PM* |
| | | | Venlafaxine ER |
| | | protriptyline | Vivactil* |
| | | bupropion | Wellbutrin* |
| | | bupropion | Wellbutrin SR* |
| | | bupropion | Wellbutrin XL* |
| | sertraline | Zoloft* | |
| | amitriptyline | | |
| | amoxapine | | |
| | doxepin | | |
| | fluvoxamine | | |
| | maprotiline | | |
| | nefazodone | | |
| | perphenazine and amitriptyline | | |
| | trazodone | | |

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|--|-----------------|-----------------------------------|---|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand |
| Cerebral Stimulants/ Agents Used for ADHD (Short- and Intermediate-Acting) | Dexedrine* | dextroamphetamine | |
| | Focalin* | dexmethylphenidate | |
| | Ritalin* | methylphenidate | |
| | | amphetamine- dextroamphetamine | Adderall* |
| | | | Desoxyn |
| | | methylphenidate | Metadate ER* |
| | | methylphenidate | Methylin* |
| | | methylphenidate | ProCentra Ritalin-SR* |
| Cerebral Stimulants/ Agents Used for ADHD (Long-Acting) | Adderall XR* | amphetamine- dextroamphetamine | |
| | Concerta | | |
| | Daytrana | | |
| | Focalin XR | | |
| | Vyvanse | | |
| | | | Intuniv** |
| | | | Metadate CD |
| | | | Nuvigil |
| | | | Provigil |
| | | | Ritalin LA Strattera |
| Anxiolytics, Sedatives, and Hypnotics: Barbiturates | none | | Amytal Sodium Butisol Sodium Luminal Sodium |
| | | mephobarbital | Mebaral* |
| | | | Nembutal Sodium Seconal Sodium |
| | | phenobarbital | |
| | | | |
| | | | |
| Anxiolytics, Sedatives, and Hypnotics: Benzodiazepines †Brand named benzodiazepines (excluding Diastat) are non-covered by Alabama Medicaid | Diastat | | N/A† |
| | | alprazolam | |
| | | alprazolam ER | |
| | | chlordiazepoxide | |
| | | clonazepam | |
| | | clorazepate | |
| | | diazepam | |
| | | flurazepam | |
| | | lorazepam | |
| | | midazolam | |
| | | oxazepam | |
| | | temazepam | |
| | | triazolam | |
| Anxiolytics, Sedatives, and Hypnotics: Miscellaneous Agents | none | zolpidem | Ambien* Ambien CR |
| | | bupirone | BuSpar* Edluar |
| | | droperidol | Inapsine* Lunesta |
| | | | Precedex Rozerem |
| | | zaleplon | Sonata* |
| | | hydroxyzine | Vistaril* |
| | | chloral hydrate | |
| | | meprobamate | |
| | | | |
| | | | |

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Cardiovascular Health**

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|--|------------------------|----------------------------|-----------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand |
| ACE Inhibitors Single Entity | Aceon* | perindopril | |
| | | quinapril | Accupril* |
| | | ramipril | Altace* |
| | | captopril | Capoten* |
| | | benazepril | Lotensin* |
| | | trandolapril | Mavik* |
| | | fosinopril | Monopril* |
| | | lisinopril | Prinivil* |
| | | moexipril | Univasc* |
| | enalapril | Vasotec* | |
| | lisinopril | Zestril* | |
| ACE Inhibitors Combinations | none | quinapril and HCTZ | Accuretic* |
| | | captopril and HCTZ | Capozide* |
| | | | Lexxel |
| | | benazepril and HCTZ | Lotensin HCT* |
| | | amlodipine and benazepril | Lotrel* |
| | | fosinopril and HCTZ | Monopril HCT* |
| | | lisinopril and HCTZ | Prinzide* |
| | | trandolapril and verapamil | Tarka* |
| | | moexipril and HCTZ | Uniretic* |
| | enalapril and HCTZ | Vaseretic* | |
| | lisinopril and HCTZ | Zestoretic* | |
| Angiotensin II Receptor Antagonists Single Entity | Avapro | | |
| | Benicar | | |
| | Diovan | | |
| | Micardis | | |
| | Teveten | | |
| | | | Atacand |
| | losartan | Cozaar* | |
| Angiotensin II Receptor Antagonists Combinations | Avalide | | |
| | Benicar HCT | | |
| | Micardis HCT | | |
| | Teveten HCT | | |
| | | | Atacand HCT |
| | | | Diovan HCT |
| | losartan and HCTZ | Hyzaar* | |
| Alpha-Adrenergic Blocking Agents | none | doxazosin mesylate | Cardura* |
| | | | Cardura XL |
| | | terazosin HCl | Hytrin* |
| | | prazosin HCl | Minipress* |
| Antiarrhythmic Agents | none | amiodarone | Cordarone* |
| | | | Multaq |
| | | disopyramide | Norpace* |
| | | disopyramide | Norpace CR* |
| | | amiodarone | Pacerone* |
| | | propafenone | Rythmol* |
| | | | Rythmol SR |
| | | flecainide | Tambocor* |
| | | | Tikosyn |
| | mexiletine | | |
| | quinidine | | |

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|---|---------------------|---------------------------------|----------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand |
| Beta-Adrenergic Blockers Single Entity | none | sotalol | Betapace* |
| | | sotalol | Betapace AF* |
| | | | Bystolic |
| | | carvedilol | Coreg* |
| | | | Coreg CR |
| | | nadolol | Corgard* |
| | | propranolol | Inderal* |
| | | propranolol | Inderal LA* |
| | | | InnoPran XL |
| | | betaxolol | Kerlone* |
| | | | Levatol |
| | | metoprolol tartrate | Lopressor* |
| | | acebutolol | Sectral* |
| | | atenolol | Tenormin* |
| | | metoprolol succinate | Toprol XL* |
| | | labetalol | Trandate* |
| bisoprolol | Zebeta* | | |
| pindolol | | | |
| timolol | | | |
| Beta-Adrenergic Blocker Combinations | none | nadolol and bendroflumethiazide | Corzide* |
| | | propranolol and HCTZ | Inderide* |
| | | metoprolol tartrate and HCTZ | Lopressor HCT* |
| | | atenolol and chlorthalidone | Tenoretic* |
| | | | Timolide |
| | bisoprolol and HCTZ | Ziac* | |
| Calcium-Channel Blockers Single Entity | none | nifedipine | Adalat CC* |
| | | verapamil | Calan* |
| | | verapamil | Calan SR* |
| | | nicardipine | Cardene* |
| | | | Cardene SR |
| | | diltiazem | Cardizem CD* |
| | | diltiazem | Cardizem IR* |
| | | | Cardizem LA |
| | | | Covera-HS |
| | | diltiazem | Dilacor XR* |
| | | | DynaCirc CR |
| | | verapamil | Isoptin SR* |
| | | nimodipine | Nimotop* |
| | | amlodipine | Norvasc* |
| | | felodipine | Plendil* |
| | | nifedipine | Procardia* |
| | | nifedipine | Procardia XL* |
| | | nisoldipine | Sular* |
| | | diltiazem | Tiazac* |
| | | verapamil | Verelan* |
| verapamil | Verelan PM* | | |
| isradipine | | | |
| Calcium-Channel Blockers Combinations | none | none | Azor |
| | | | Exforge |
| | | | Exforge HCT** |
| | | | Tribenzor** |
| | Twynsta** | | |
| Cardiotonic Agents | none | digoxin | Lanoxin* |
| | | | Lanoxin Pediatric |

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|--|------------------------|------------------------------|-----------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand |
| Central Alpha-Agonists Single Entity | none | clonidine | Catapres* |
| | | clonidine | Catapres-TTS* |
| | | guanfacine | Tenex* |
| | | guanabenz | |
| | | methyldopa | |
| Central Alpha-Agonists Combinations | none | methyldopa and HCTZ | none |
| | | clonidine and chlorthalidone | |
| Direct Renin Inhibitors Single Entity | none | none | Tekturna |
| Direct Renin Inhibitors Combinations | none | | Tekturna HCT |
| | | | Valturna** |
| Direct Vasodilators Single Entity | none | | Proglycem |
| | | hydralazine | |
| | | minoxidil | |
| Direct Vasodilators Combinations | none | | BiDil |
| | | hydralazine and HCTZ | |
| Diuretics Single Entity | none | spironolactone | Aldactone* |
| | | bumetanide | Bumex* |
| | | toremide | Demadex* |
| | | chlorothiazide | Diuril* |
| | | | Diuril Sodium |
| | | | Edecrin |
| | | eplerenone | Inspira* |
| | | indapamide | |
| | | furosemide | Lasix* |
| | | hydrochlorothiazide (HCTZ) | Microzide* |
| | | | Samsca |
| | | chlorthalidone | Thalitone* |
| | | metolazone | Zaroxolyn* |
| | | amiloride | |
| hydrochlorothiazide (HCTZ) | | | |
| methyclothiazide | | | |
| Diuretics Combinations | none | spironolactone and HCTZ | Aldactazide* |
| | | triamterene and HCTZ | Dyazide* |
| | | triamterene and HCTZ | Maxzide* |
| | | amiloride and HCTZ | |
| Cardiac Drugs, Miscellaneous | none | none | Ranexa |
| Miscellaneous Hypotensive Agents | none | none | Inversine |
| Nitrates and Nitrites | Nitro-Bid | | |
| | Nitrostat* | nitroglycerin | |
| | | | Dilatrate-SR |
| | | isosorbide mononitrate | Imdur* |
| | | isosorbide mononitrate | Ismo* |
| | | isosorbide dinitrate | Isordil* |
| | | nitroglycerin | Mintran* |
| | | isosorbide mononitrate | Monoket* |
| | | nitroglycerin | Nitro-Dur* |
| | | | Nitrolingual |
| | | NitroMist | |
| | amyl nitrite | | |
| Peripheral Adrenergic Inhibitors | none | reserpine | none |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic | PA REQUIRED for NAME Non-Preferred Brand |
|--|---|---|---|
| Platelet-Aggregation Inhibitors | none | | Aggrenox |
| | | | Effient |
| | | dipyridamole | Persantine* |
| | | | Plavix |
| | | cilostazol | Pletal* |
| | | | Zorprin CR |
| Bile Acid Sequestrants | none | colestipol | Colestid* |
| | | cholestyramine | Questran* |
| | | cholestyramine | Questran Light * |
| | | | Welchol |
| Cholesterol Absorption Inhibitors | none | none | Zetia |
| Fibric Acid Derivatives | none | | Antara |
| | | | Fenoglide |
| | | fenofibric acid | Fibricor* |
| | | | Lipofen |
| | | fenofibrate | Lofibra* |
| | | gemfibrozil | Lopid* |
| | | | Tricor |
| | | | Triglide |
| HMG-CoA Reductase Inhibitors | none | | Advicor |
| | | | Altoprev |
| | | | Caduet |
| | | | Crestor |
| | | | Lescol |
| | | | Lescol XL |
| | | | Lipitor |
| | | | Livalo** |
| | | lovastatin | Mevacor* |
| | | pravastatin | Pravachol* |
| | | | Simcor |
| | | | Vytorin |
| | | simvastatin | Zocor* |
| Miscellaneous Antilipemic Agents | Niacor | none | |
| | | | Lovaza |
| | | | Niaspan |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Diabetic Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic or OTC | PA REQUIRED for NAME Non-Preferred Brand |
|--|---------------------------------------|--|---|
| Alpha-Glucosidase Inhibitors | Glyset | | |
| | | acarbose | Precose* |
| Amylinomimetics | none | none | Symlin |
| Biguanides | none | | Fortamet |
| | | metformin | Glucophage* |
| | | metformin ER | Glucophage XR* |
| | | | Glumetza |
| | | | Riomet |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | none | none | Januvia |
| | | | Janumet |
| | | | Onglyza |
| Incretin Mimetics | none | none | Byetta |
| | | | Victoza** |
| Insulins | Humalog | | |
| | Lantus | | |
| | Levemir | | |
| | | Humulin N | |
| | | Humulin R | |
| | | Humulin 50/50 | |
| | | Humulin 70/30 | |
| | | Novolin N | |
| | | Novolin R | |
| | | Novolin 70/30 | |
| | | | Apidra |
| | | | Humalog Mix 50/50 |
| | | | Humalog Mix 75/25 |
| | | | Humulin R (U-500) |
| | | Novolog | |
| | | Novolog Mix 70/30 | |
| Meglitinides | Prandin | | |
| | | | PrandiMet |
| | | nateglinide | Starlix* |
| Sulfonylureas | none | glimepiride | Amaryl* |
| | | glyburide | DiaBeta* |
| | | glipizide | Glucotrol* |
| | | glipizide ER | Glucotrol XL* |
| | | glyburide and metformin | Glucovance* |
| | | glyburide | Glynase* |
| | | glipizide and metformin | Metaglip* |
| | | chlorpropamide | |
| | | tolazamide | |
| tolbutamide | | | |
| Thiazolidinediones | Actos | none | |
| | Avandamet | | |
| | Avandaryl | | |
| | Avandia | | |
| | | | |
| | | | Actoplus Met |
| | | | Actoplus Met XR |
| | Duetact | | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Eye, Ear, Nose, and Throat (EENT) Preparations**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic or OTC | PA REQUIRED for NAME Non-Preferred Brand |
|----------------------------|--|--|---|
| Antiallergic Agents | Astelin | | |
| | Astepro | | |
| | Pataday | | |
| | Patanase | | |
| | Patanol | Nasalcrom OTC* | |
| | | Zaditor OTC* | |
| | | | Alamast |
| | | | Alocril |
| | | | Alomide |
| | | | Bepreve** |
| | | cromolyn sodium | Crolom* |
| | | | Elestat |
| | | Emadine | |
| | azelastine | Optivar* | |
| Antibacterials | AzaSite | | |
| | Bactroban Nasal | | |
| | Besivance | | |
| | Blephamide | | |
| | Blephamide S.O.P. | | |
| | Bleph-10* | sulfacetamide | |
| | Neosporin* | neomycin, polymyxin B and gramicidin | |
| | Poly-Pred | | |
| | Tobrex* | tobramycin | |
| | Vigamox | | |
| | | | Cetraxal** |
| | | ciprofloxacin | Ciloxan* |
| | | | Cipro HC |
| | | | Ciprodex |
| | | | Coly-Mycin S |
| | | neomycin, polymyxin B and hydrocortisone | Cortisporin* |
| | | | Cortisporin-TC |
| | | ofloxacin | Floxin* |
| | | | Iquix |
| | | neomycin, polymyxin B and dexamethasone | Maxitrol* |
| | | ofloxacin | Ocuflox* |
| | | | Pediatic |
| | | doxycycline | Periostat* |
| | | polymyxin B and trimethoprim | Polytrim* |
| | | | Pred-G |
| | | | Quixin |
| | | tobramycin and dexamethasone | TobraDex* |
| | | | Zylet |
| | | | Zymar |
| | | | Zymaxid** |
| | bacitracin | | |
| | bacitracin and polymyxin B | | |
| | erythromycin base | | |
| | gentamicin | | |
| | neomycin, bacitracin and polymyxin B | | |
| | neomycin, bacitracin, polymyxin B and hydrocortisone | | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|-----------------------------------|------------------------|---------------------------------|-----------------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Intranasal Corticosteroids | Beconase AQ | | |
| | Nasacort AQ | | |
| | Nasonex | | |
| | | fluticasone | Flonase* |
| | | flunisolide | Nasarel* |
| | | | Omnaris |
| | | | Rhinocort Aqua Veramyst |
| Vasoconstrictors | Tyzine | | |
| | | | Adrenalin Chloride |
| | | naphazoline | Albalon* |
| | | phenylephrine | Mydrin* |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Gastrointestinal Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|--|------------------------|---------------------------------|--|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand or PA Generic |
| Antiemetics, Antihistamines | none | meclizine | Antivert* |
| | | trimethobenzamide | Tigan* |
| | | dimenhydrinate | |
| | | prochlorperazine edisylate | |
| | | prochlorperazine maleate | |
| Antiemetics, 5-HT3 Receptor Antagonists | none | | Aloxi |
| | | | Anzemet |
| | | | Granisol |
| | | granisetron | Kytril* |
| | | | Sancuso** |
| | | ondansetron | Zofran* |
| ondansetron | Zofran ODT* | | |
| | Zuplenz** | | |
| Antiemetics, Miscellaneous | none | | Cesamet |
| | | | Emend |
| | | dronabinol | Marinol* |
| | | | Scopace |
| | | Transderm-Scop | |
| Proton-pump Inhibitors Single Entity | Aciphex | | |
| | | Prevacid OTC | |
| | | Prilosec OTC | |
| | | Zegerid OTC | |
| | | | Dexilant (formerly known as Kapidex)** |
| | | | lansoprazole (generic) |
| | | | Nexium |
| | | | omeprazole-sodium bicarbonate (generic) |
| | | | pantoprazole (generic) |
| | | | Prevacid* |
| | omeprazole | Prilosec* | |
| | | Protonix* | |
| Proton-pump Inhibitors Combinations | none | none | Prevpac |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Genitourinary Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic or OTC | PA REQUIRED for NAME Non-Preferred Brand or PA Generic |
|--|---|--|---|
| Genitourinary Smooth Muscle Relaxants | Oxytrol | | |
| | | | Detrol |
| | | | Detrol LA |
| | | oxybutynin | Ditropan XL* |
| | | | Enablex |
| | | | Gelnique |
| | | | Sanctura |
| | | | Sanctura XR |
| | | | Toviaz |
| | | | Vesicare |
| | flavoxate | | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Pain Management & Autonomic Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic | PA REQUIRED for NAME Non-Preferred Brand or PA Generic |
|----------------------------------|---|---|---|
| Opiate Agonists | none | fentanyl | Actiq* |
| | | | Alcet |
| | | alfentanil | Alfenta* |
| | | morphine sulfate | Astramorph* |
| | | | Capital w/codeine |
| | | oxycodone/ibuprofen | Combunox* |
| | | propoxyphene napsylate/ acetaminophen | Darvocet* |
| | | propoxyphene HCL | Darvon* |
| | | | Darvon-N |
| | | oxycodone | Dazidox* |
| | | meperidine | Demerol* |
| | | | Depodur |
| | | hydromorphone | Dilaudid* |
| | | methadone | Dolophine* |
| | | fentanyl | Duragesic* |
| | | morphine sulfate | Duramorph* |
| | | | Fentora |
| | | codeine/acetaminophen/butalbital/ caffeine | Fioricet w/codeine* |
| | | codeine/aspirin/butalbital/caffeine | Fiorinal w/codeine* |
| | | | Hycet |
| | | | Ibudone |
| | | | Infumorph |
| | | levorphanol | Levo-Dromoran* |
| | | hydrocodone/acetaminophen | Lorcet* |
| | | hydrocodone/acetaminophen | Lortab* |
| | | | Lynox |
| | | | Magnacet |
| | | hydrocodone/acetaminophen | Maxidone* |
| | | methadone | Methadose* |
| | | hydrocodone/acetaminophen | Norco* |
| | | | Nucynta** |
| | | | Numorphan |
| | | | Onsolis** |
| | | | Opana |
| | | oxycodone | OxyIR* |
| | | | Panlor DC |
| | | dihydrocodeine/acetaminophen/caffeine | Panlor SS* |
| | | oxycodone/acetaminophen | Percocet* |
| | | oxycodone/aspirin | Percodan* |
| | | | Perloxx |
| codeine/APAP/butalbital/caffeine | Phrenilin-Caffeine-Codeine* | | |
| | Primalev | | |
| hydrocodone/ibuprofen | Reprexain* | | |
| morphine sulfate | Roxanol* | | |
| oxycodone | Roxicodone* | | |
| | Rybix | | |
| | Ryzolt | | |
| fentanyl | Sublimaze* | | |
| codeine/acetaminophen | Tylenol w/codeine* | | |
| oxycodone/acetaminophen | Tylox* | | |

Opiate Agonists continued on next page

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|---|---|-------------------------------|--|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Opiate Agonists (continued) | <i>Opiate Agonists continued from previous page</i> | | |
| | none | | Ultiva |
| | | tramadol/acetaminophen | Ultracet* |
| | | tramadol | Ultram* |
| | | tramadol | Ultram ER* |
| | | hydrocodone/acetaminophen | Vicodin* |
| | | hydrocodone/ibuprofen | Vicoprofen* |
| | | | Vopac |
| | | | Xodol |
| | | | Xolox |
| | | hydrocodone/acetaminophen | Zamiset* |
| | | | Zydone |
| | | codeine | |
| | | codeine/aspirin | |
| opium/belladonna | | | |
| propoxyphene HCL/acetaminophen | | | |
| Opiate Partial Agonists | none | buprenorphine | Buprenex* |
| | | | Suboxone |
| | | | Subutex |
| | | pentazocine/acetaminophen | Talacen* |
| | | | Talwin |
| | | pentazocine/naloxone | Talwin NX* |
| | | butorphanol | |
| | nalbuphine | | |
| Selective Serotonin Agonists | Maxalt MLT | | |
| | | naratriptan | Amerge* |
| | | | Axert |
| | | | Frova |
| | | sumatriptan | Imitrex* |
| | | | Maxalt |
| | | | Relpax |
| | | | Treximet |
| | | | Zomig |
| | | Zomig ZMT | |
| Centrally Acting Skeletal Muscle Relaxants | none | | Amrix |
| | | | carisoprodol (generic) |
| | | | carisoprodol/aspirin (generic) |
| | | | carisoprodol/aspirin/codeine (generic) |
| | | | Fexmid |
| | | chlorzoxazone | Parafon Forte DSC* |
| | | methocarbamol | Robaxin* |
| | | metaxalone | Skelaxin* |
| | | | Soma* |
| | | | Soma Compound* |
| | | | Soma Compound w/codeine* |
| | tizanidine | Zanaflex* | |
| | cyclobenzaprine | | |
| Direct-acting Skeletal Muscle Relaxants | none | dantrolene | Dantrium* |
| GABA-derivative Skeletal Muscle Relaxants | none | baclofen | Lioresal* |
| Skeletal Muscle Relaxants, Miscellaneous | none | orphenadrine | Norflex* |
| | | orphenadrine/aspirin/caffeine | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Allergy and Respiratory Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic | PA REQUIRED for NAME Non-Preferred Brand |
|--|--|--|---|
| Inhaled Corticosteroids Single Entity | Aerobid | none | |
| | Aerobid-M | | |
| | Asmanex Twisthaler | | |
| | Azmacort | | |
| | Flovent Diskus | | |
| | Flovent HFA | | |
| | Qvar | | |
| | | | Alvesco** Pulmicort |
| Inhaled Corticosteroids Combinations | Advair Diskus | none | |
| | Advair HFA | | |
| | Symbicort | | |
| | | | Dulera** |
| Inhaled Antimuscarinics/ Antispasmodics | Atrovent HFA | | none |
| | Spiriva | | |
| | | | |
| Leukotriene Modifiers | Accolate | none | |
| | Singulair | | |
| | | | Zyflo Zyflo CR |
| | | | |
| Mast-cell Stabilizers | none | cromolyn sodium | Intal* Tilade |
| | | | |
| Smooth Muscle Relaxants Single Entity | none | aminophylline | |
| | | theophylline | Elixophyllin* |
| | | dyphylline | Lufyllin* |
| | | | Theo-24 |
| | | theophylline | Uniphyll* |
| Smooth Muscle Relaxants Combinations | none | Various dyphylline/guaifenesin and theophylline/guaifenesin products available; some "Branded Generic" | Broncomar-1 Dilex-G* Lufyllin-GG* Myci Bron-G* |
| | | | |
| | | | |
| | | | |
| Beta-Adrenergic Agonists Single Entity | Foradil | | |
| | Maxair Autohaler | | |
| | ProAir HFA | | |
| | Proventil HFA | | |
| | Serevent Diskus | | |
| | Ventolin HFA | | |
| | Xopenex HFA | | |
| | | albuterol sulfate | Accuneb* |
| | | terbutaline sulfate | Brethine* Brovana Perforomist |
| | | albuterol sulfate | Proventil* Xopenex |
| | | levalbuterol | |
| | | metaproterenol sulfate | |
| | Beta-Adrenergic Agonists Combinations | Combivent | |
| | | albuterol/ipratropium | Duoneb* |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Skin & Mucous Membrane Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED Preferred Brand | NO PA REQUIRED Preferred Generic or OTC | PA REQUIRED for NAME Non-Preferred Brand or PA Generic |
|---------------------------------------|---|--|---|
| Antibacterials | none | mupirocin | Altabax Bactroban* |
| | | mupirocin | Centany* |
| | | clindamycin phosphate | Cleocin* |
| | | | Clindesse |
| | | | Cortisporin |
| | | metronidazole | MetroGel – Vaginal* |
| | | neomycin and polymyxin B | Neosporin G.U. Irrigant* |
| | | metronidazole vaginal | Vandazole* |
| | | bacitracin and polymyxin B | |
| | | gentamicin | |
| | | neomycin, bacitracin and polymyxin B | |
| Antivirals | Zovirax | none | |
| | | | Denavir |
| | | | Veregen |
| | | | Xerese** |
| Antifungals | none | | Bensal HP |
| | | | Ertaczo |
| | | | Exelderm |
| | | | Gynazole-1 |
| | | ketoconazole | Kuric* |
| | | | Lamisil |
| | | ciclopirox | Loprox* |
| | | clotrimazole and betamethasone | Lotrisone* |
| | | | Mentax |
| | | clotrimazole | Mycelex* |
| | | | Naftin |
| | | | Oravig** |
| | | | Oxistat |
| | | ciclopirox | Penlac* |
| | | terconazole | Terazol 3* |
| | | terconazole | Terazol 7* |
| | | | Vusion |
| | | | Xolegel |
| | | | Xolegel Duo |
| | | terconazole | Zazole* |
| econazole | | | |
| miconazole | | | |
| nystatin | | | |
| nystatin and triamcinolone | | | |
| sodium thiosulfate and salicylic acid | | | |
| terbinafine | | | |
| tolnaftate | | | |
| Scabicides and Pediculicides | Eurax | | |
| | | permethrin | Acticin* |
| | | permethrin | Elimite* |
| | | | lindane (generic) |
| | | malathion | Ovide * |
| | | piperonyl butoxide and pyrethrins | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|--|--------------------------------------|---|-----------------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Miscellaneous Local Anti-infectives | PhisoHex | | |
| | | | AVC |
| | | acetic acid and oxyquinoline | Relagard* |
| | | silver sulfadiazine | Silvadene* |
| | | silver sulfadiazine | SSD* |
| | | | Sulfamylon |
| | | acetic acid, ricinoleic acid and oxyquinoline silver nitrate | |
| Anti-inflammatory Agents | Capex Shampoo | | |
| | Derma-Smooth/FS | | |
| | | alclometasone | Aclovate* |
| | | hydrocortisone | Anusol-HC* |
| | | diflorasone | Apexicon* |
| | | | Apexicon E |
| | | hydrocortisone acetate and urea | Carmol HC* |
| | | | Clobex |
| | | | Cloderm |
| | | | Cordran |
| | | clobetasol | Cormax* |
| | | hydrocortisone | Cortenema* |
| | | | Cortifoam |
| | | fluticasone | Cutivate* |
| | | prednicarbate | Dermatop* |
| | | | Desonate |
| | | desonide | Desowen* |
| | | betamethasone dipropionate and propylene glycol | Diprolene* |
| | | betamethasone dipropionate and propylene glycol | Diprolene AF* |
| | | mometasone | Elocon* |
| | | | Halog |
| | | hydrocortisone | Hytone* |
| | | | Kenalog |
| | | hydrocortisone butyrate | Locoid* |
| | | | Locoid Lipocream |
| | | | Luxiq |
| | | | Nucort |
| | hydrocortisone acetate and aloe vera | Nuzon* | |
| | clobetasol | Olux* | |
| | | Olux-E | |
| | triamcinolone | Oralone in Orabase* | |
| | | Pandel | |
| | hydrocortisone | Proctocort* | |
| | hydrocortisone | Proctocream-HC* | |
| <i>Anti-inflammatory Agents continued on next page</i> | | | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|---|--|---|-----------------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Anti-inflammatory Agents (continued) | <i>Anti-inflammatory Agents continued from previous page</i> | | |
| | | hydrocortisone | Proctofoam-HC |
| | | | Psorcon E |
| | | clobetasol | Temovate* |
| | | | Texacort |
| | | desoximetasone | Topicort* |
| | | desoximetasone | Topicort LP* |
| | | halobetasol | Ultravate* |
| | | | Ultravate PAC |
| | | | Vanos |
| | | | Verdeso |
| | | hydrocortisone valerate | Westcort* |
| | | amcinonide | |
| | | betamethasone dipropionate | |
| | | betamethasone valerate | |
| | | fluocinolone | |
| | | fluocinonide | |
| | hydrocortisone and aloe vera | | |
| | hydrocortisone, mineral oil and white petrolatum | | |
| | hydrocortisone acetate | | |
| Antipruritics and Local Anesthetics | none | | Americaine |
| | | hydrocortisone and lidocaine | Anamantle HC* |
| | | hydrocortisone and lidocaine | Anamantle HC Forte* |
| | | lidocaine and prilocaine | Emla* |
| | | lidocaine | Lidamantle* |
| | | hydrocortisone and lidocaine | Lidamantle HC* |
| | | | Lidoderm |
| | | hydrocortisone, lidocaine and aloe vera | Peranex HC* |
| | | | Pontocaine |
| | | | Proctofoam |
| | | | Prudoxin |
| | | hydrocortisone, lidocaine and aloe vera | Rectagel HC* |
| | | | Synera |
| | Zonalon | | |
| | ethyl chloride | | |
| | lidocaine | | |
| Astringents | none | aluminum chloride | Drysol* |
| | | | Xerac AC |
| Keratolytic Agents | none | urea | Carmol 40* |
| | | | Kerafoam |
| | | urea | Keralac* |
| | | urea | Kerol* |
| | | | Kerol ZX |
| | | urea | Remeven* |
| | | salicylic acid | Salex* |
| | | salicylic acid | Salitop* |
| | | | Salkera |
| | | urea | Umecta* |
| | | | Umecta PD |
| | | | Uramaxin |
| urea | Vanamide* | | |
| | urea, lactic acid and salicylic acid | | |

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|--|------------------------|--|-----------------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Keratoplastic Agents | none | | Doak Tar Distillate |
| | | coal tar | |
| Miscellaneous Skin and Mucous Membrane Agents | Elidel | | |
| | Protopic | | |
| | | imiquimod | Aldara* |
| | | | Artiss |
| | | | Carac |
| | | podofilox | Condylox* |
| | | | Constant-Clens |
| | | calcipotriene | Dovonex* |
| | | fluorouracil | Efudex* |
| | | | Fluoroplex |
| | | formaldehyde | Formalaz* |
| | | formaldehyde | Lazerformalyde* |
| | | | Metvixia** |
| | | | Qutenza |
| | | | Panretin |
| | | | Podocon-25 |
| | | | Regranex |
| | | | Santyl |
| | | | Solaraze |
| | | | Soriatane CK |
| | | | Taclonex |
| | | | Targretin |
| | | Tazorac | |
| | | Vectical** | |
| | | Zyclara** | |
| | | phenylephrine, shark liver oil, glycerin and white petrolatum | |
| | | phenylephrine, shark liver oil, mineral oil and white petrolatum | |

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**Will be reviewed at a future time when eligible

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Women’s Health**

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|-------------------------------------|-------------------------|--|-----------------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Estrogens | Cenestin | | |
| | Menest | | |
| | Premarin (tablets only) | | |
| | | estradiol and norethindrone | Activella* |
| | | | Alora |
| | | | Angelig |
| | | estradiol | Climara* |
| | | | Climara Pro |
| | | | Combipatch |
| | | estradiol valerate | Delestrogen* |
| | | | Depo-Estradiol |
| | | | Divigel |
| | | | Elestrin |
| | | | Enjuvia |
| | | estradiol | Estrace* |
| | | | Estraderm |
| | | | Estrasorb |
| | | | Estring |
| | | | Evamist |
| | | | FemHRT |
| | | Femring | |
| | | Femtrace | |
| | | Menostar | |
| | estropipate | Ogen* | |
| | | Prefest | |
| | | Premarin (Cream) | |
| | | Premphase | |
| | | Prempro | |
| | | Vagifem | |
| | | Vivelle-Dot | |
| Prenatal Vitamins | none | prenatal vitamins, iron, folic acid, DHA, docusate | Citranatal 90 DHA* |
| | | prenatal vitamins, iron, folic acid, DHA, docusate | Citranatal Assure* |
| | | | Citranatal B-Calm |
| | | prenatal vitamins, iron, folic acid, DHA, docusate | Citranatal DHA* |
| | | prenatal vitamins, iron, folic acid, docusate | Citranatal Rx* |
| | | | Concept DHA |
| | | | Concept OB |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | Duet DHA* |
| | | | Duet DHA Complete |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | Duet DHA EC* |
| | | | Duet DHA with Ferrazone |
| | | prenatal vitamins, iron, folic acid | Duet StuartNatal* |
| | | folic acid, calcium, b vitamins | Folbecal* |
| | | prenatal vitamins, iron, folic acid | Gesticare* |
| | | prenatal vitamins, iron, folic acid, DHA | Gesticare DHA* |
| | | prenatal vitamins, iron, folic acid | HIP Prenatal* |
| | | iron, ascorbic acid, cyanocobalamin, folic acid | Icar-C Plus* |
| | | iron, ascorbic acid, cyanocobalamin, folic acid | Icar-C Plus SR* |
| | | | Maxinate |
| prenatal vitamins, iron, folic acid | NataChew* | | |

Prenatal Vitamins continued on next page

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|---|---|---|----------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Prenatal Vitamins (continued) | <i>Prenatal Vitamins continued from previous page</i> | | |
| | none | | NataFort |
| | | | Natalvit |
| | | | Natelle |
| | | prenatal vitamins, iron, folic acid | Natelle C* |
| | | | Natelle One |
| | | prenatal vitamins, iron, folic acid, DHA | Natelle Plus* |
| | | | Natelle Prefer |
| | | prenatal vitamins, iron, folic acid | Natelle-ez* |
| | | | Neevo |
| | | | Neevo DHA |
| | | prenatal vitamins, iron, folic acid | Novanatal* |
| | | prenatal vitamins, iron, folic acid | Novastart* |
| | | prenatal vitamins, iron, folic acid | OB Complete* |
| | | | OB Complete 400 |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | OB-Natal One* |
| | | prenatal vitamins, iron, folic acid | Precare* |
| | | prenatal vitamins, iron, folic acid | Precare Conceive* |
| | | prenatal vitamins, iron, folic acid, docusate | Precare Premier* |
| | | prenatal vitamins, iron, folic acid | Prefera-OB* |
| | | | Prefera-OB Plus DHA |
| | | prenatal vitamins, iron, folic acid, DHA | Prenate DHA* |
| | | prenatal vitamins, iron, folic acid | Prenate Elite* |
| | | | Prenexa |
| | | | Preque 10 |
| | | prenatal vitamins, iron, folic acid, docusate, fatty acid combination | Primacare* |
| | | prenatal vitamins, iron, folic acid, docusate, fatty acid combination | Primacare Advantage* |
| | | prenatal vitamins, iron, folic acid, docusate, omega-3 fatty acids | Primacare One* |
| | | | PR Natal 400 |
| | | | PR Natal 400 EC |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | PR Natal 430* |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | PR Natal 430 EC* |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids, DHA | PR Natal 440EC* |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | Pruet DHA* |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | Pruet DHA EC* |
| | | prenatal vitamins, iron, folic acid | Select-OB* |
| | | | Select-OB+DHA |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | Tandem DHA* |
| | | prenatal vitamins, iron, folic acid | Tandem OB* |
| | | prenatal vitamins, iron, folic acid | Tricare* |
| | | Tricare DHA | |
| prenatal vitamins, iron, folic acid, docusate | Vinacal* | | |
| | Vinate AZ | | |
| | Vinate AZ Extra | | |
| prenatal vitamins, iron, folic acid | Vinate C* | | |
| | Vinate Calcium | | |
| <i>Prenatal Vitamins continued on next page</i> | | | |

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|--------------------------------------|--|---|----------------------|
| | Preferred Brand | Preferred Generic or OTC | Non-Preferred Brand |
| Prenatal Vitamins (continued) | <i>Prenatal Vitamins continued from previous page</i> | | |
| | none | prenatal vitamins, iron, folic acid | Vinate Care* |
| | | prenatal vitamins, iron, folic acid, docusate | Vinate GT* |
| | | prenatal vitamins, iron, folic acid | Vinate IC* |
| | | | Vinate II |
| | | prenatal vitamins, iron, folic acid | Vinate III* |
| | | prenatal vitamins, iron, folic acid, selenium | Vinate M* |
| | | prenatal vitamins, iron, folic acid | Vinate One* |
| | | prenatal vitamins, iron, folic acid, docusate | Vinate PN Care* |
| | | prenatal vitamins, iron, folic acid, docusate | Vinate Ultra* |
| | | | Vitafof-OB |
| | | | Vitafof-OB+DHA |
| | | | Vitafof-PN |
| | | | Viva DHA |
| | | iron, docusate, folic acid | |
| | prenatal vitamins, iron, folic acid, DHA, EPA, omega-3 fatty acids | | |

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